

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

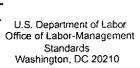
This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

ı	or Official 1992 Only
	REC'B
	( MAY 152006 )
E	( Com 100)
	- COS UNIO

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

THE DROP				
1. File Number U - 6236	2. Fiscal Year Covered From:			
	1 / 1 / 2005 Through: 12 / 31 / 2005			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name David J Donato	Name Plumbers & Pipe Fitters Local 354			
	Labor Organization File Number 070-019			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 230 East Loyal Hanna Street	Street Po Drawer I			
City Ligonier	City Youngwood			
State Pennsylvania ZIP Code + 4 15658	State Pennsylvania ZIP Code + 4 15697			
5. Position in labor organization. Business Manager				
monetary value from an employer whose employees your organizat  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.			
P.O. Box, Bldg., Room No., if any	7.b. Amount			
Street				
City	minimum in principles construction of the 12-12-12-12-12-12-12-12-12-12-12-12-12-1			
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompanion undersigned's knowledge and belief, true, correct, and complete. (See the se	lying documents), has been examined by the signatory and is, to the best of the			
	Date Telephone Number			

Name of Person Filing David Donato	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any).  Name Wachovia Securites LLC  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 100 Pasquerilla Plaza  City Johnstown  State Pennsylvania ZIP Code + 4  10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:	9. Business deals with:	es and (2) golf
P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.	\$1,188, red.
	12.b. Amount.	
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	



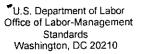
## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-01&8 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Hand The Instructions CAREFU	LLY BEFORE PREPARING THIS REPORT.		
E ( WY 52006 )	LET BEFORE PREPARING THIS REPORT.		
UKS	2. Fiscal Year Covered From:		
1. File Number U - 6336			
	1 / 1 / 2005 Through: 12 / 31 / 2005		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name David J Donato	Name Plumbers & Pipe Fitters Local 354		
	Labor Organization File Number 070-019		
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 230 East Loyal Hanna Street	Street Po Drawer I		
City Ligonier	City Youngwood		
State Pennsylvania ZIP Code + 4 15658	State Pennsylvania ZIP Code + 4 15697		
5. Position in labor organization. Business Manager			
	ouse or minor child directly or indirectly had any of the following interests dusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	r derived income or other economic benefit of		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street			
City			
State ZIP Code + 4	<u> </u>		
Signature			
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompanundersigned's knowledge and belief, true, correct, and complete. (See the s	of Perjury and other applicable penalties of the law, that all of the information nying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions.)		
$\bigcap \bigcap \bigcap \bigcap$			
Signed Hurt Honato	On 5/08/2006 724/925-7238  Date Telephone Number		
1	Date Telephone Number		

Name of Person Filing David Donato	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise		
8. Name and address of Business (including trade name, if any).  Name Highmark  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 120 Fifth Avenue  City Pittsburgh  State Pennsylvania ZIP Code + 4 15222  10. If 9.b. or 9.c. is checked give trust or employer's name.  Name	9. Business deals with:		
P.O. Box, Bldg., Room No., if any  Street			
Street	11.b. Approximate dollar value of such dealing.	\$442	
State ZIP Code + 4	12.a. Nature of interest held or income received.		
	12.b. Amount.		
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above) y or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		



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E (( WAY 152006 ))	LLY BEFORE PREPARING THIS REPORT.		
1. File Number U - 6236	2. Fiscal Year Covered From:		
	1 / 1 / 2005 Through: 12 / 31 / 2005		
3. Name and address of person filing.	Name, file number, and address of labor organization.		
Name David J Donato	Name Plumbers & Pipe Fitters Local 354		
	Labor Organization File Number 070-019		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 230 East Loyal Hanna Street	Street Po Drawer I		
City Ligonier	City Youngwood		
State Pennsylvania ZIP Code + 4 15658	State Pennsylvania ZIP Code + 4 15697		
5. Position in labor organization.  Business Manager			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  7.a. Nature of Interest, Transaction, or Income.			
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street			
City			
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompaniundersigned's knowledge and belief, true, correct, and somplete. (See the second contained in the second contained contained in the second contained in the second contained contained in the second contained cont	of Perjury and other applicable penalties of the law, that all of the information nying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions.)		
Signed Lavel I Small	On 5/08/2006 724/925-7238		
	Date Telephone Number		

Name of Person Filing David Donato	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active. (2) any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or firectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name Ameriserv Financial  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 216 Franklin Street  City Johnstown  State Pennsylvania ZIP Code + 4 15907	9. Business deals with:   a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	11.a. Nature of such dealing.  Attened (2) golf outings and dinner to further the use of AFL-CIO Buildings and Construction Trades Labor & Construction Projects and to discuss further plans and events for the Cambria-Somerset Labor Management Council.  11.b. Approximate dollar value of such dealing. \$640
State ZIP Code + 4	12.a. Nature of interest held or income received.
	12.b. Amount.
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.  14.b. Amount of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

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Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

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READ THE INSTRUCTIONS CAREFU	LLY BEFORE PREPARING THIS REPORT.			
E ( NAV 152006 )				
1. File Number U - 6336	2. Fiscal Year Covered From:			
	1 / 1 / 2005 Through: 12 / 31 / 2005			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name David J Donato	Name Plumbers & Pipe Fitters Local 354			
	Labor Organization File Number 070-019			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 230 East Loyal Hanna Street	Street Po Drawer I			
City Ligonier	City Youngwood			
State Pennsylvania ZIP Code ÷ 4 15658	State Pennsylvania ZIP Code + 4 15697			
5. Position in labor organization. Business Manager				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizat	ion represents or is actively seeking to represent.			
Name and address of Employer (including trade name, if any).  Name	7.a. Nature of Interest, Transaction, or Income.			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	7.b. Amount.			
Street :				
City				
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed Xave X Invalo	On 5/08/2006 724/925-7238  Date Telephone Number			
	Date Telephone Number			

Name of Person Filing David Donato		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name Yanni Partners  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 310 Grant Street  City Pittsburgh  State Pennsylvania ZIP Code + 4 15222	9. Business deals with:    X   a. Labor Organiza     b. Trust     c. Employer	tion	
40. If 0 h. or 0 a in abacked aire trust or applicants name	11.a. Nature of such deali	ing.	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	Update meetings concerning investment strategies and also complimentary tickets to Pittsburgh Steeler Game.		
Street	11.b. Approximate dollar vali	ue of such dealing.	\$611
State ZIP Code + 4	12.a. Nature of interest hel	····	
	12.b. Amount.		
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name	The state of the s		
Trade Name, if any:	***************************************		
P.O. Box, Bldg., Room No., if any	\$		
Street	3 3 3 4 4		
City	· ·		
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		